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ABSTRACT

This publication introduces and describes new efforts based on the concept of alternatives to drug abuse. The pamphlet is designed for educators, community groups, drug abuse professionals, treatment personnel, parents and young people. According to those who espouse the alternatives approach, motives for drug-taking inevitably include the need to escape from boredom, alienation, pain, frustration, and meaninglessness. Alternatives to drug abuse are defined to include those constructive and viable attitudes, values, orientations, experiences, lifestyles, opportunities, activities, pursuits, and programs which can prevent or diminish significant drug abuse by providing greater satisfactions than drugs. Levels of experience, i.e. physical, sensory, emotional, and examples of alternatives to drugs are presented in table form. Techniques of generating and implementing such programs are discussed, as well as suggestions for evaluation and further research. (Author/PC)

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ALTERNATIVES TO DRUG ABUSE: STEPS TOWARD PREVENTION

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ALTERNATIVES TO DRUG ABUSE:
STEPS TOWARD PREVENTION

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for

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FOR DRUG ABUSE INFORMATION

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CONTENTS

	Page
INTRODUCTION	1
ALTERNATIVES TH[illegible] SUMMARY	
Types of Alternatives	12
Examples of Alternatives to Drugs	13
EVALUATION AND RESEARCH	
Evaluation of Alternatives: Practical Criteria	28
Effectiveness of Alternatives Strategies	30
Suggestions for Further Research and Evaluation	31
TECHNIQUES OF GENERATING AND IMPLEMENTING ALTERNATIVES	
Communications	33
Hints for the Intervention Agent	33
REFERENCES	35

Introduction

The sudden emergence of the drug problem and its pervasiveness have demanded immediate personal, social, and governmental response. In response, laws have been passed, treatment centers have been established, and education programs have been developed. The persistence of drug abuse, however, has begun to stimulate novel efforts and innovational programs. A hopeful new emphasis has emerged in the area of alternatives to drugs.

According to espousers of the alternatives approach, motives for drug-taking, whatever diverse pressures generate this behavior, inevitably include the need to escape from boredom, alienation, pain, frustration, and meaninglessness. People take drugs because they make them feel better. Alternatives to drug abuse are defined to include those constructive and viable attitudes, values, orientations, experiences, lifestyles, opportunities, activities, pursuits, and programs which can prevent significant drug abuse or diminish drug abuse by providing greater satisfactions than can drugs.

In this definition, "alternative" is not just another word for "substitute." This publication focuses on alternative pursuits which are most likely preferable to substances misuse—preferable for the individual and for society. However, it must be recognized that words like "constructive" and "preferable" are value-laden. Values are implicit in every approach to major social problems, and the same is true for alternatives strategy, but it seems appropriate to make implicit values explicit. In this spirit the following assumptions are given as underlying the alternatives approach to drug abuse:

1. Human beings have natural internal resources which make drug dependency unnecessary;
2. It is desirable for a social or national entity to protect and nurture these resources;
3. Thus, it is desirable to minimize adverse physical, psychological, and socio-cultural consequences of drug abuse;
4. All levels of drug abuse are undesirable, although drug abuse patterns having the most serious consequences should assume higher priority;
5. It is desirable to minimize recruitment into drug-dependent peer groups and subcultures as well as minimizing escalation to more dangerous drugs.

The alternatives approach is oriented toward those who think that something needs to be done and that solutions are possible. It is the purpose of this publication to introduce and describe new efforts based on the general idea of alternatives to drug abuse. The publication is designed for educators, community groups, drug abuse professionals, treatment personnel, parents, young people. The Clearinghouse invites comments and is interested in collecting information about alternatives programs throughout the country. Information about operating programs will be published in a directory which will be updated periodically. Please send information or materials on alternatives programs to:

National Clearinghouse for Drug Abuse Information
P. O. Box 84
Kensington, Maryland 20795

Alternatives Theory: A Summary

Most discussions of the possible direct causes for drug using behavior lead to a central assumption of alternatives theory—that effective drug abuse intervention programs should respond to the unfulfilled needs and aspirations of the individual. Some might argue that only massive sociocultural, economic and political changes could minimize the causes of drug abuse. Although this position may have long-range merit, the fact remains that immediate action is required under conditions that are likely to remain relatively stable in the near future. This publication focuses on the theory and practice of the possible-examining alternative approaches which can be applied under present circumstances.

The alternatives approach to drug abuse prevention can be described as a useful, perhaps necessary, adjunct to rational legislation, effective law enforcement, compassionate treatment programs and objective drug education. The drug abuse prevention strategy based on alternatives thinking focuses on eliminating the demand for drugs by generating more satisfying options to meet the legitimate needs and aspirations of individuals. The approach emphasizes causes, not symptoms, and is positive, not negative.

These principles have been summarized in recent literature on the alternatives model:

". . . It is our presumption that major inroads on drug abuse cannot be made by stressing the undesirability of drugs. It can only be done by offering *more desirable alternative involvements*—activities, life styles and satisfactions which are more *rewarding* than drug experiences and incompatible with dependence on chemicals.

. . . Thus, it seems logical to review priorities in drug abuse control, and develop programs that will attract persons (especially the young) to constructive alternatives. If the attractiveness of the alternative is sustained as one becomes more deeply involved, drug use becomes increasingly unattractive, since it is the nature of drugs to block efficiency in getting things done." (Emrich, 1971)

The Common Denominator

The common denominator that appears to limit the traditional methods of combatting drug abuse involves their inability to get at the motives and needs behind drug abuse. They deal with the symptom and not the cause. The issue is one of overall strategy. The virtual elimination of polio came not from building more hospitals, iron lungs and rehabilitation facilities, but from research and development of an effective vaccine. Alternatives theorists tend to look at the drug abuse problem with a similar perspective, though the problem is immensely more complex.

The theory behind the alternatives formulation is based on the importance of reacting to the causes and motives behind the multi-faceted drug use patterns in societies and subcultures. This general notion suggests that more constructive alternatives can be found to satisfy motives which now lead to drug abuse.

One author (Cohen, 1971) suggests that a basic motive exists in drug abuse that is central to alternatives thinking—the common sense observation that people take drugs because they want to, that drugs give relative satisfaction in some area of a person's life. Cohen suggests that people take drugs to "feel better" and to get "high"; that they experiment with different drugs in the hope that they will feel better on some level. Alternatives theory hypothesizes that people will stop taking drugs if they find something better, that they will be much less likely to start immoderate drug use if they have satisfying and meaningful alternatives.

Several writers on alternatives to drugs suggest that most people who use drugs are not necessarily criminal characters, rebellious, immature or mentally ill, that most are neither "social misfits," "sick," nor "ignorant" (Dohner, 1972–a). In this view, the majority of drug abusers may be relatively normal individuals who have learned through cultural, peer or personal example, that they should expect "better living through chemistry." Importantly, drugs have powerfully obvious and subtle disadvantages to their promise to provide happiness or release. Because of this, the drug abuser is, sooner or later, essentially open to superior alternatives. In sum, the alternatives emphasis seeks to maximize opportunities for people to explore satisfying non-chemical experiences and life pursuits.

Motives and Alternatives

Logically, alternatives to drugs should correspond to the motives impelling persons toward experimentation or continued abuse. So, before fashioning alternative approaches, it is essential to try to understand the motivational antecedents to drug preference. The immediate reasons for possible drug dependency vary among individuals, leading to different choices of drugs and patterns of use. It might be helpful to categorize some of these unfulfilled needs and aspirations in order to see what types of alternatives can be expected to be appropriate and effective in different individuals and groups.

In writing about adolescent drug use, Arnold Channin (1969) commented that "Teenagers use drugs primarily to find a new level of experience." For both youth and adults, one might say that drugs are used to find a new and/or different level of experience. One way of looking at specific motives involves their categorization by the different levels of experience which are sought, and the types of gratification most appealing to potential drug dependers. Table One is included as a frame of reference for presenting relevant motives. Contents of the Table are derived from articles by Dohner (1972–a), Channin (1969), and Cohen (1971). Each section encompasses one type of experiential level, a kind of gratification which might be sought. Then, a number of corresponding individual motives, needs and aspirations are listed, all of which may be directly related to drug use. After each numbered motive, the reader will find a listing of the types of drugs most probably used to respond to that motive. It should be noted that Table One is not meant to be totally comprehensive, nor should the categories be taken to be mutually exclusive. It is presented as a non-chemical stimulant to alternatives thinking.

Table One
Levels of Experience, Motives and Drug Abuse Patterns

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Most Probable Drugs of Abuse
A. Physical:		
Pertaining to the general feeling of physical well-being, and experience of the body.	1) Physical relaxation	1) Alcohol, tranquilizers (e.g., Librium, Valium, some over-the-counter sedatives, etc.), cannabis (marihuana and hashish)
	2) Relief from pain or anticipated prevention of sickness	2) Physician prescribed drugs, over-the-counter (OTC) drugs
	3) Increased physical energy, avoidance of fatigue	3) Stimulants (e.g., amphetamines, cocaine)
B. Sensory:		
Pertaining to the enhancement, exaggeration, or intensification of the physical senses.	1) Intensification/ enrichment of sensory input (e.g., sound, sight, touch, etc.)	1) Psychedelics (e.g., LSD, Mescaline, Psilocybin, STP, etc.), cannabis, occasionally others
	2) Enhancement of sexual experience	2) Alcohol, cannabis, occasionally others
C. Emotional:		
Pertaining to psychological and emotional experience, especially that which occurs within a personality; includes those internal feelings set off by the environment.	1) Psychological escape or release from emotional agony	1) Any, especially narcotics and alcohol
	2) Reduction of normal tension, anxiety, conflict	2) Alcohol, barbiturates, OTC sedatives, tranquilizers, cannabis

TABLE ONE (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Most Probable Drugs of Abuse
C. Emotional: (Continued)		
	3) Emotional relaxation	3) Alcohol, tranquilizers, cannabis
	4) Mood alteration	4) Stimulants, alcohol, cannabis
	5) Desire for psychological/ emotional insight	5) Psychedelics, cannabis
	6) Avoidance of decision-making; pressure avoidance	6) Any
	7) Desire for privacy aloneness	7) Alcohol, narcotics
	8) Rebellion; assertion of independence or defiance of authority	8) Any, especially illicit or forbidden substances
	9) Intensification of personal courage	9) Stimulants, alcohol
	10) Increase in self-esteem	10) Any, especially alcohol, stimulants and cannabis
D. Interpersonal:		
Pertaining to interpersonal relations, acceptance in groups, feelings of communication among individuals, opposite sex relationships, etc.	1) Gain in peer recognition, as in "showing off"	1) Any
	2) Gain in peer acceptance, as in behaving according to "peer pressure"	2) Any

TABLE ONE (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Most Probable Drugs of Abuse
D. Interpersonal: (Continued)		
	3) Relaxation of interpersonal inhibition; facilitation of social interaction	3) Any, especially alcohol and cannabis
	4) Reduction of anxiety-provoking intimacy	4) Narcotics, cannabis, etc.
	5) Reduction in barriers to communication; also solution of interpersonal problems	5) Psychedelics, cannabis, stimulants
	6) Escape/release from family difficulties	6) Any
	7) Escape/release from feelings of loneliness, alienation	7) Any
	8) Establishment of feeling of "community" or belonging with actual or reference group	8) Any
E. Mental-Intellectual:		
Pertaining to the experience of mental and intellectual processes, such as thoughts, ideas, problem-solving, etc.	1) Reduction of boredom	1) Any
	2) Curiosity	2) Any
	3) Enhancement of learning processes	3) Stimulants, sometimes psychedelics
	4) Problem-solving, especially technical	4) Stimulants, sometimes psychedelics

TABLE ONE (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Most Probable Drugs of Abuse
E. Mental-Intellectual: (Continued)		
	5) Research on oneself, one's cognitive processes	5) Psychedelics, cannabis
	6) Mental fatigue avoidance, as in studying	6) Stimulants
F. Creative-Aesthetic:		
Pertaining to artistic creativity, the performance or aesthetic appreciation or experience of creative works or artistic phenomena.	1) Increase in creative performance ability	1) Cannabis, stimulants, psychedelics
	2) Increase in enjoyment of artistic productions	2) Cannabis, alcohol, psychedelics
	3) Creation of subjective states of fantasy or imagination	3) Psychedelics, cannabis
G. Experiential:		
Pertaining to generalized personal experience of new, unusual or intensified states of experience or consciousness. Usually somewhat difficult to label.	1) Desire for "pure pleasure," "fun," recreation	1) Any
	2) Nonspecific changes in consciousness or awareness; e.g., any "high," intoxication for its own sake, desire for a change, any change, in experience	2) Any
	3) Unusual distortion of the sensorium, "freaky" perception and associated experience	3) Psychedelics, cannabis, sometimes stimulants or barbiturates

TABLE ONE (Continued)

Level of Experience: Type of Gratification	*Corresponding* Motives, Needs, Aspirations	Most Probable Drugs of Abuse
G. Experiential: (Continued)	4) Engagement—the need to be personally and totally involved in the moment, whatever the experience; counteracting apathy and ennui	4) Any, except perhaps tranquilizers
H. Stylistic: Pertaining to styles of behaviors and attitudes, especially cognitive styles, cultural styles and lifestyles.	1) Need for identification through *imitation*, by youth of adults, by adults of youth, from media and subcultural "hero" figures; peer imitation	1) Any
	2) Automatic chemical reliance, — i.e., the culturally infused style of substance ingestion for any perceived deficiency	2) Any
	3) Desire for *immediacy* of achievement; impatience, intolerance of delay of gratification	3) Any; tranquilizers, volatile chemicals, OTC drugs less so

TABLE ONE (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Most Probable Drugs of Abuse
I. Social-Political:		
Pertaining to experiences generated by identification or involvement with social causes or political movements; also reaction to social and political inertia or change.	1) Identification with anti-establishment forces	1) Cannabis, psychedelics; sometimes any illicit substance
	2) Rebellion against disliked laws	2) Cannabis, etc.
	3) Overcoming discouragement or desperation with social-political future	3) Any
	4) Induced change in mass consciousness, sometimes by attempted disruption of "the system"	4) Psychedelics
J. Philosophical: (General and Personal)		
Pertaining to the experience of a guiding philosophy of life, an explanation of the universe; also personal identity, including goals, purpose, and values.	1) Search for purpose and meaning in life	1) Psychedelics, cannabis, others depending on peer group
	2) Organization of experience into a belief structure	2) Cannabis, psychedelics, stimulants
	3) Search for personal identity	3) Psychedelics, cannabis (directly); other drugs (indirectly)
	4) Creation or change in values and philosophical lifestyle	4) Any, especially cannabis and psychedelics

TABLE ONE (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Most Probable Drugs of Abuse
J. Philosophical: (General and Personal) (Continued)	5) Overcoming frustration from lack of meaningful vocation and work	5) Any
K. Spiritual-Mystical: Pertaining to experience with religious, spiritual or mystical characteristics, including intangible internal experiences with spiritual overtones or labeling.	1) Desire for intense spiritual experience, often labeled "higher levels of consciousness"	1) Psychedelics, cannabis
	2) Desire for specific mystical states, e.g., "enlightenment," communication with God, etc.	2) Psychedelics, cannabis
	3) Overcoming frustration with organized religion	3) Psychedelics, cannabis
	4) Augmentation of unorthodox spiritual methodology, e.g., yoga, meditation	4) Psychedelics, cannabis
L. Miscellaneous: Pertaining to combinations of above levels; factors difficult to categorize in one schema.	1) Need for risk-taking, danger	1) Any, especially more dangerous drugs
	2) Need for adventure, exploration	2) Any
	3) "Vacuum phenomenon," or "What else is there to do?"	3) Any

TABLE ONE (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Most Probable Drugs of Abuse
L. Miscellaneous: (Continued)	4) Economic profit	4) Any illicit substance
	5) Combination of motives, needs, aspirations—none of which individually would produce drug abuse, but does in a cluster	5) Any
	6) Need to react to extreme mental or physical discomfort; e.g., as in the maintenance of narcotic addiction, or in extreme psychological pain and/or confusion	6) Any

Most of the categories and motives listed in Table One reflect proximate causes of drug abuse. This focus may be the most practical in development of alternatives programs. However, we should note that some alternatives theorists emphasize broader socio-cultural influences. Some of the many socio-cultural factors which have been suggested to be linked with drug abuse are the following:

1) General social and political disruption (erosion of confidence in Government, confusion over social goals, ecological uncertainty, etc.);
2) Breakdown of the family unit (more broken homes, family mobility, parental absence from the home, etc.);
3) Influence of the media (especially the advertising of chemicals);
4) Economic imbalance (existence of poverty, ethno-racial economic discrimination, affluence leading to boredom, etc.);
5) Rigidity of educational institutions (maladaptive characteristics of public education, boredom in schools, etc.);
6) Rapid technologic change;
7) Proliferation of value and belief systems; fluidity in standards of morality; and
8) Increase in leisure time.

Obviously, such broad problems in the social network breed symptoms of disharmony other than drug abuse.

A. Types of Alternatives

Looking back to Table One, it becomes clear that there need to be multi-varied alternatives for individuals and groups. "Different strokes for different folks" is a central precept in alternatives planning. Certain alternatives will be salient for some people, irrelevant for others, depending on their major unfulfilled needs and aspirations. Effective alternatives programs may be quite different for affluent whites than for poor minority groups, for the young than the aged, or for parents than for single people. It is also important to remember that diverse alternatives approaches must appeal to persons with healthy, creative and positive *aspirations* as well as to those with "problems." Many "healthy" people abuse drugs unnecessarily for positive reasons such as curiosity, emotional growth or the search for spirituality.

Although alternative approaches require diversity and variety, it is reasonable to expect that some will have more overall impact than others. It can be assumed that certain variables such as peer group pressure have more general causative potency among young drug users than others (e.g., relief from sickness). Thus to be effective, alternatives should be fashioned according to the motives most probably influencing the target individual or group.

(1) Time Stages for Alternatives Impact

One way of categorizing alternatives approaches involves analyzing intervention stages in drug abuse behavior patterns.

The first stage, *Prevention*, involves intervention before an individual has begun any drug abuse cycle. Here, the alternatives orientation focuses on developing a natural "immunity" to serious drug dependency. For example, some preventive approaches stress the development of such qualities as personal values, meaning and integrity, self-esteem, better interpersonal skills, greater respect for the natural life, etc., the objective being to create values so that the drug scene will have little to offer.

A second stage may be called *Early Intervention*. Here the target for alternatives programs is the casual experimenter who has yet to become heavily involved or psychologically committed to a drug abuse lifestyle. If meaningful alternatives are able to involve the new marihuana user, the pre-alcoholic, or the weekend experimenter, they can be guided away from further escalation of drug use and prepared for a more chemically free mode of existence.

A third stage may be called *Rehabilitation*, where drug use has severely limited the individual's options and resulted in powerful physical or psychological dependency. Although alternative strategies might be similar to those in early intervention, the alternative involvements must be stronger and especially sensitive to fulfilling the physical-psycho-social needs intertwined with severe dependency. It can be expected that success per unit effort will be less for the *Rehabilitation* stage because most chronic

users are more hopeless and alienated than the experimenter. It is critical that planners maintain sensitivity to the fit between different alternative types and the appropriate intervention stages for the target population.

(2) Types of Intervention Agents

Alternatives approaches may also be seen according to the point of initiation, the intervention agent. Alternatives initiation can proceed along a continuum described by three major categories. The first, initiation by the *Individual*, involves a personal search for alternatives by a user or potential user who may go out and find an alternative on his own. For example, a casual user might discover a book about a certain alternative, follow it up and finally quit the drug scene altogether. On the helping end, it would involve a single individual trying to help stimulate alternatives for others, primarily on his own, without organizational sponsorship.

Institutional initiation refers to alternatives programs administered by institutions, organizations, agencies or governments which attempt to provide alternative pursuits to target populations. An example here would be a new alternatives school program initiated by the school administration and faculty. In this mode, the institution offers alternatives to potential or actual drug dependers.

The combination *Institutional-Individual* mode of intervention features institutional development of an organized alternatives program but requires the voluntary collaboration on the part of the potential benefactors. An example of this case would be an organized group of ex-addicts willing to assist others but requiring commitment and effort from the current user.

These typologies are mentioned since people have different goals in relation to alternatives programming. Conceivably, some could be drug experimenters looking for "a better way"; some might be responsible for the development and administration of formally organized drug programs; some might be concerned citizens, parents or students wishing to use their energies to stimulate others. So, even if the following examples seem to reflect particular emphasis on certain stages of intervention or certain initiation agents, the reader should realize the comprehensive applicability of alternatives thinking.

B. Examples of Alternatives to Drugs

Because the alternatives approach to drugs is still novel and foreign to many, it is often difficult to translate theory into action. Actually, the number of possible specific alternatives to drug-taking behavior is almost infinite. For all practical purposes, one cannot exhaustively list the many and varied alternative pursuits which have promise for counteracting or supplanting a predisposition to substance abuse. Indeed, such prescriptions may impede creative innovation. However, it is possible to give examples which may illustrate the theory and stimulate further thinking.

Table Two lists examples of alternative approaches, pursuits, affiliations and experiences which appear to have potential relevance to the unmet needs and aspirations related to drug abuse. Most of the examples were selected from a logical extension of alternatives theory; others were in-

cluded because of limited clinical or empirical evidence. In order to reinforce the relationship of alternatives to motives, Table Two lists alternatives under the same categories of Level of Experience (Type of Gratification) as found in Table One. Under closer inspection, it is seen that several alternatives listed are related directly to specific Corresponding Motives, Needs and Aspirations presented in Table One.

It can be seen that this list of alternatives covers a broad range of pursuits, all of which could have potential impact on certain individuals at certain stages of their development. It is helpful to be aware of the breadth of creative possibilities; however, these options also require crystallization into action.

Table Two
Levels of Experience and Examples of Alternatives to Drugs

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
A. Physical:	Physical relaxation	1) Relaxation exercises; "hatha" (physical) yoga
	Relief from pain or anticipated prevention of sickness	2) Dance and movement training
	Increased physical energy, avoidance of fatigue	3) Training in preventive medicine; positive health habits
		4) Dietary and nutritional training and habits
		5) Physical recreation: competitive athletics (especially for *fun*); individual physical conditioning (e.g., jogging, exercise); hiking, nature study, certain outdoor work, etc.
		6) Gentle addiction withdrawal

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
A. Physical: (Continued)		7) Experience and training in the martial arts, e.g., aikido, karate, judo
B. Sensory:	Intensification/ enrichment of sensory input (e.g., sound, sight, touch, etc.)	1) Sensory awareness training (including increased awareness of body position, balance, coordination, small muscle control, learning to diminish or intensify sensory input)
		2) Massage
		3) Visual exploration of nature
	Enhancement of sexual experience	4) Responsible sexuality (e.g., possible education in noncoital sexuality for adolescents)
C. Emotional:	Psychological escape or release from emotional agony	1) Competent, emphatic individual counseling
	Reduction of normal tension, anxiety, conflict	2) Competent, empathic group psychotherapy
	Emotional relaxation	3) Special therapeutic techniques, e.g., psychodrama and role-playing (expertly conducted)
	Mood alteration	
	Desire for psychological/ emotional insight	

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
C. Emotional: (Continued)	Avoidance of decision-making; pressure avoidance	4) Instruction in the psychology of personal development (e.g., in secondary schools)
	Desire for privacy, aloneness	
	Rebellion; assertion of independence or defiance of authority	5) Effective education (including techniques like values clarification, especially in primary grades)
	Intensification of personal courage	
	Increase in self-esteem	6) Emotional awareness exercises, e.g., learning body language, honest, open self-awareness; psychological awareness workshops and seminars (especially for adults)
D. Interpersonal:	Gain in peer recognition, as in "showing off"	1) Creation of alternate peer groups
	Gain in peer acceptance, as in behaving according to "peer pressure"	2) Competently run, empathic experiences in peer and group process (including group discussion, sensitivity and encounter groups)
	Relaxation of interpersonal inhibition; facilitation of social interaction	3) Competent, empathic group psychotherapy
	Reduction of anxiety-provoking intimacy	

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
D. Interpersonal: (Continued)	Reduction in barriers to communication; also solution of interpersonal problems	4) Various "experiences in being," including interpersonal workshops aimed at development of caring, personal responsibility, confidence, trust and respect for others
	Escape/release from family difficulties	
	Escape/release from feelings of loneliness, alienation	
	Establishment of feeling of "community" or belonging with actual or reference group	5) Psychodrama, role-playing and other special techniques (expertly conducted)
		6) Competent, empathic individual counseling for interpersonal troubles
		7) Goal-directed, positive group activities through organizations such as Scouts, 4-H, F.H.A., school clubs, church organizations, etc.
		8) Social confidence training; instruction in social customs, "manners" of human interaction (especially for shy children)
		9) Self-examination of relationships
		10) Family life education and training

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
D. Interpersonal: (Continued)		11) Family therapy, family counseling, parent education
		12) Premarital and marital counseling/ education
		13) Temporary alternate families, alternate foster homes
		14) Emotional "tutoring," e.g., big brothers and sisters helping younger people
		15) Creation of community "rap centers"
E. Mental-Intellectual:	Reduction of boredom	1) Mental/intellectual hobbies and games: e.g., puzzles, chess, etc.
	Curiosity	
	Enhancement of learning processes	2) Intellectual excitement through reading and discussion
	Problem-solving, especially technical	
	Research on oneself, one's cognitive processes	3) Intellectual challenge through education, exploring frontiers of knowledge, stimulating curiosity
	Mental fatigue avoidance, as in studying	
		4) Introspection; analysis of thought

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
E. Mental-Intellectual: (Continued)		5) Memory training
		6) Training in problem-solving and decision-making, e.g., "Synectics" training
		7) Concentration and attention exercises
		8) Training in mind control, e.g., "psycho-cybernetics," auto suggestion, positive thinking, etc.
F. Creative-Aesthetic:	Increase in creative performance ability Increase in enjoyment of artistic productions Creation of subjective states of fantasy or imagination	1) Non-graded instruction or experiential opportunity in appreciation of artistic productions, e.g., music, art, drama, etc. 2) Opportunities for artistic participation, e.g., non-graded lessons in art, music, drama, etc. 3) Creative hobbies (e.g., crafts, sewing, cooking, gardening, handiwork, photography, etc.)

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
F. Creative-Aesthetic: (Continued)		4) Experience in communication skills, e.g., writing, public speaking, media, conversation, etc. 5) Theater games; other procedures encouraging imagination and creative fantasy 6) Creation of community centers for the arts
G. Experiential:	Desire for "pure pleasure," "fun," recreation Non-specific changes in consciousness or awareness; e.g., any "high," intoxication for its own sake, desire for a change, any change, in experience Unusual distortion of the sensorium, "freaky" perception and associated experience Engagement—the need to be personally and totally involved in the moment, whatever the experience; counteracting apathy and ennui	1) Self-generated play experience 2) Experiments in sensory deprivation 3) Bio-feedback training, e.g., alpha wave training 4) Sleeplessness & fasting (natural procedures for "intoxicated" states, only with health parameters) 5) "Mind-tripping," e.g., guided daydreams and fantasy 6) Hypnosis (expertly conducted)

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
H. Stylistic:	Need for identification through *imitation*, by youth of adults, by adults of youth, from media and subcultural "hero" figures; peer imitation	1) Exposure to others deeply and meaningfully involved in non-chemical alternatives
	Automatic chemical reliance,—i.e., the culturally infused style of substance ingestion for any perceived deficiency	2) Exposure to "hero" figures unfavorable to chemical abuse
	Desire for *immediacy* of achievement; impatience, intolerance of delay of gratification	3) Enlistment in anti-drug or alternative programs
		4) Exposure to philosophy of enjoying the *process* of attainment, not just the *product*
		5) Parental abstinence and moderation in drug use (parent agreement to cut down to give better example to children)
		6) Exposure to philosophy of the "natural," education regarding the artificiality of chemical dependence
I. Social-Political:	Identification with anti-establishment forces	1) Partisan political action, e.g., helping candidate campaigns
	Rebellion against disliked laws	

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
I. **Social-Political: (Continued)**	Overcoming discouragement or desperation with social-political future	2) Non-partisan lobbying, e.g., for ecological projects
	Induced change in mass consciousness, sometimes by attempted disruption of "the system"	3) Personal political involvement, e.g., running for elective or organizational office
		4) Field work with politicians and public officials
		5) Involvement in social service, including:
		a) Providing voluntary service to the poor (e.g., day care for working mothers, helping to locate housing, assisting access to health services, etc.)
		b) Providing companionship to the lonely, (e.g., companions for the aged, foster children, prison inmates, etc.)
		c) Work with schools (e.g., student tutoring programs,

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
I. Social-Political: (Continued)		volunteer teaching assistants and counselors, etc.)
		d) Work with drug abuse problems (e.g., peer or volunteer counseling, information provision)
		e) Work in preserving environment (e.g., recycling, identifying pollution, preservation of areas of natural beauty)
		6) Participation in ACTION (e.g., VISTA and Peace Corps)
		7) Citizen "potency" training (i.e., learning effectiveness with Government and bureaucracy)
		8) Voluntary efforts through organizational sponsorship, e.g., YMCA, Boys Clubs, Big Brothers, etc.
		9) Construction of responsible roles in community organization and governance for young people.

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
J. **Philosophical: (General and Personal)**	Search for purpose and meaning in life	1) Seminars, workshops on values and meaning of life (adults)
	Organization of experience into a belief structure	2) Courses on values, ethics, morality, meaning, etc. (schools)
	Search for personal identity	
	Creation or change in values and philosophical lifestyle	3) Reading philosophical literature
	Overcoming frustration from lack of meaningful vocation and work	4) Values clarification procedures; identity clarification procedures
		5) Exposure to philosophical (non-violent) aspects of martial arts, e.g., aikido and karate
		6) Exposure to metaphysical literature and thought
		7) Humanistic counseling oriented toward meaning and values clarification
		8) Achievement values, from meaningful challenge from career or employment
		9) Exposure to individuals committed

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
J. **Philosophical: (General and Personal) (Continued)**		to varieties of personal philosophies 10) Creation of community "growth centers" 11) Maximization of ethnic, racial and minority pride
K. **Spiritual-Mystical:**	Desire for intense spiritual experience, often labeled "higher levels of consciousness" Desire for specific mystical states, e.g., "enlightenment," communication with God, etc. Overcoming frustration with organized religion Augmentation of unorthodox spiritual methodology, e.g., yoga, meditation Pertaining to the experience of a guiding philosophy of life, an explanation of the universe; also personal identity, including goals, purpose, and values	1) Study of spiritual literature; increased library holdings relevant to non-chemical spiritual methods 2) Creation of information centers for spiritual alternatives 3) Exposure to holy men of different belief systems; exposure to different techniques of applied spirituality 4) Meditation 5) Yoga (especially non-physical components) 6) Contemplation and prayer 7) Spiritual dance and song

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
K. **Spiritual-Mystical: (Continued)**		8) Increased course offerings in intellectual and experiential components of spiritual study (especially college level and secondary level)
L. **Miscellaneous:**	Need for risk-taking, danger	1) Sky-diving; scuba-diving, etc.
	Need for adventure, exploration	2) "Outward Bound" survival training
	"Vacuum phenomenon," or "What else is there to do?"	3) Exploration of new physical environments, e.g., flying, soaring, camping in wilderness areas, etc.
	Economic profit	
	Combination of motives, needs, aspirations—none of which individually would produce drug abuse, but does in a cluster	4) Competence of "self-reliance training," e.g., vocational and occupational education, instruction in household technology (i.e., autos, electronics, plumbing, household appliances, etc.)
	Need to react to extreme mental or physical discomfort; e.g., as in the maintenance of narcotic addiction, or in extreme psychological pain and/or confusion	5) Family management education, i.e., accident prevention, childcare, money management, first aid, menu and diet planning, etc.

TABLE TWO (Continued)

Level of Experience: Type of Gratification	Corresponding Motives, Needs, Aspirations	Alternative Example
L. **Miscellaneous:** (Continued)		6) Vocational counseling leading to meaningful employment
		7) Credited work experience through schools, e.g., house-building, merchandising, service station maintenance, restaurant training, etc.

Evaluation and Research

Too often, the urgency or ideological enthusiasm of anti-drug programs has precluded adequate evaluation and research. The same problem is possible in the alternatives area, where three pertinent questions should be raised: (1) What criteria for alternatives programs might best predict success or failure?, (2) How does one know if alternatives "work?," and (3) What research and evaluation strategies are needed to clarify effectiveness factors in the implementation of alternative approaches?

A. Evaluation of Alternatives: Practical Criteria

The fact that a set of behaviors or attitudes supplants drug abuse does not necessarily recommend it. The key to viable alternatives is a preferable and healthy option, not an equally destructive one. For example, joining a violent delinquent gang might replace drug using behavior, but this particular "cure" might be much worse than the symptom. To be consistent with the assumptions stated early in this publication, a successful alternatives thrust must become a true alternative and not merely a substitute. Thus, a well-run therapeutic community incorporates alternative emphases, especially when the addict is still a successful resident. The effectiveness of the alternatives offered in the therapeutic program ultimately depends on the progress of the resident after he re-enters society. Generally, then, a successful alternatives program should help a person develop those qualities leading to drug independence, with the capability to adapt in meeting the challenges of self, others, and society.

Based on alternatives theory, there are other *a priori* criteria which might define helpful guidelines to evaluation. For one, any alternative should tend to be or become relatively incompatible with drug abuse. For example, "listening to music" is not necessarily a promising alternative to drugs since one can be passively "stoned" at the time. However, training in active listening and deep study of music is more likely to be frustrated by drug use since the clarity of one's senses and cognition becomes more important.

In all practicality, the incompatibility of constructive alternatives and drug use can be subtle and may take time to become evident to a user. Informal data suggest that drug use should be discouraged during actual alternative involvements in order to make the distinctions come easier. For example, many have recommended alternative education or alternative schools as tools for alleviating the symptoms of drug abuse; but there appears to be increasing evidence that alternative educational input should be as free from chemicals as possible to be maximally effective. However, total abstinence, at least in the initial stages, is usually an unrealistic expectation.

Another stylistic criterion for possible effectiveness can be based on the tremendous passivity in drug abuse, the "taking in" with little effort, the waiting for "it" to "happen." Expect, then, for alternatives to be more effective as they call for activity, assertion of will, effort and commitment, and less successful as they construe the target individual as the passive recipient of some input. Preliminary observation suggests that *involvement* is one critical factor in successful alternatives programs, the drug abuser or potential abuser should be personally involved in some non-chemically

based life pursuit, whether ordinary or exotic. Indeed, the content of the alternative pursuit may be much less important to the individual than the process of finding it or developing it. The value and energy given to the search for alternatives is a potent alternative in itself, whatever the object of search.

The literature on alternatives adds some additional requisites for successful approaches. Dohner (1972–b) comments:

"To be acceptable and attractive, any alternatives we offer must be realistic, attainable and meaningful. Any proposed alternative must assist people to find self-understanding, improved self-image, feeling of significance, expanded awareness or new experiences which they seek through drugs. These alternatives must also meet other criteria:

1. they must contribute to individual identity and independence;
2. they must offer active participation and involvement;
3. they must offer a chance for commitment;
4. they must provide a feeling of identification with some larger body of experience; and
5. some of the alternatives must be in the realm of the noncognitive and the intuitive."

Even in such intangible areas as the religious-spiritual, the literature offers criteria for evaluation. Cohen (1971) has cited the following as likely signs of a successful spiritual alternative:

"a. the generation of a positive view of human nature and oneself;
b. an attitude of relative tolerance toward other alternative movements, the absence of hostile fanaticism;
c. applicability of the alternative to ordinary life in society;
d. evocation of better feelings toward others and increased interpersonal effectiveness; and
e. emphasis on the attainment of love and wisdom vs. power and control of others."

In parallel, Dohner (1972–b) suggests that the qualities of positive alternative religious experience must:

"a. be extremely personal, applicable to everyday life and constantly evolving;
b. produce recognition of a force or entity greater than the individual;
c. be involved with the questions of self-fulfillment and the ultimate purpose of life;
d. produce an indescribable state; and
e. produce discernible positive changes toward self, others, life and the experience."

One other criterion applies more to the organized programs than the content of alternatives. This involves the degree to which a program is well organized, possesses effective leadership and has the capability of working within the social and political atmosphere of the community. In social action programming, effective people are equally as important as effective ideas.

B. Effectiveness of Alternatives Strategies

Understandably, the short shrift given to evaluation in the urgency to respond to drug abuse has affected the alternatives area and therefore evaluative research is somewhat scant. However, the emerging data seem encouraging. The empirical data consist of two types: clinical-observational and statistical. The clinical and observational studies are less formalized and tend to focus on individual cases and programs rather than general trends. They seem to be lending more and more credence to some kind of alternatives approach when they study successes in early intervention and rehabilitation. For example, it seems appropriate to conclude that many of former drug users discontinue drug use because of some more favorable alternative in life. Expectably, the more intense the drug dependency, the more intense and personally committing the successful alternative seems to be (e.g., for ex-opiate addicts—Synanon, fervent religious commitment, total involvement as ex-addict drug counselors, massive reorientation in lifestyle, job and family life, etc.). In a small corroborating study of more "moderate" former drug users (primarily psychedelic drugs), 11 of 32 subjects reported discontinuing drugs because they were "beyond it spiritually or psychologically." Two subjects cited "goal interference," and the remaining 19 pointed to "health concerns" (Cohen, 1968). It was noted that even where health concerns affected discontinuance, most interviewees related these concerns to some valued activity, pursuit or existent relationship which necessitated adequate health. Very few subjects reported significant physical pain, mental agony or general discomfort as being the motivating factors for their discontinuance.

Although the empirical criteria for effectiveness (including measurement of long-term discontinuance of drug abuse) of alternatives programs may be possible to construct when dealing with the rehabilitative and early interventive stages, criteria for prevention raise a more difficult question. Any preventive research on individuals is exceedingly difficult because a researcher is haunted by the question, "How do I know that the person would not have avoided drugs even if the alternative were *not* offered? Further, "How do I know that possible "failures" of the alternative strategy (e.g., primary school students who go on to experiment with drugs) would not have been much more severe drug dependers had they not been exposed to the alternative?" Truly rigorous research would include large sample longitudinal studies with closely followed control groups, a very difficult feat.

Yet there are other research strategies which show promise for the preventively oriented investigator, even if they are a bit less elegant. An apparently simplistic, but powerful, procedure is to ask the subjects what you want to know. Illustrating this was a most interesting study designed by high school faculty and students (San Leandro Study, 1969). A drug use questionnaire, anonymous and distributed by trusted peers, was collected from approximately 800 students at a suburban high school in the San Francisco Bay Area. In addition to other questions, the *non-users* (about 400) were asked the question, "If you do *not* use drugs, what has been the biggest deterrent for not using them?" The 260 completed responses to this open-ended question were categorized and generated the following results:

Biggest Deterrent		Percentage*
1.	No Need (life is fine, I'm happy, I turn on other ways, etc.)	39.8
2.	Physical or mental health or athletics	22.4
3.	Laws (respect for the law and fear of getting busted)	7.1
4.	Brains and good judgment (i.e., having them)	6.2
5.	Fear of the unknown	6.0
6.	Seen results in other people	4.9
7.	(Out of) Love and respect for parents	4.4
8.	Fear of addiction	3.4
9.	Friends (i.e., peer pressure against it)	3.2
10.	Other (not yet been contacted to take drugs, personal values or religion, unfavorable past experience, poor quality of drugs, and don't know)	10.2

*N = 260 students, percentage adds up to over 100% because of some combinations of reasons

If the total percentage of apparently *negative* reasons for avoidance are totaled (categories 3, 6, 8 and 9), the figure is 18.6%. Explicitly *positive* categories (i.e., expressing the primacy of positive alternatives or values in contrast to fear of something) total 44.2% (categories 1 and 7). Responses in category 2 were not fully analyzed, but many students worried about health problems in relation to goal interference, i.e., not being able to continue some valued activity, like athletics.

These results are entirely consistent with growing observational data suggesting that legal constraints plus scare-oriented education are only very limited deterrents. Even in this population, where alternatives programs were not specifically generated in the school, the bulk of non-users reported that some kind of alternatives orientation (even if it only meant satisfaction with non-chemical life) was the decisive preventive factor.

In sum, although tightly controlled research of clinical, observational and statistical nature is just beginning, the early results seem to encourage the continued development and testing of the alternatives components.

C. Suggestions for Further Research and Evaluation

Admitting the difficulties in evaluation of alternative programs, there may be helpful guidelines. For one, the richness of early clinical and depth interview studies suggests that the simplest research strategies can be effective. Pre-users, users and former users can generate considerable information if asked in sympathetic ways. At the least, it can be very helpful to interview a target population before, during and after intervention efforts.

Another promising type of research technique was illustrated above. Considerable research has focused on the reasons why people use drugs and what personality types might be dependency prone. However, such a strategy may have diminishing returns as a near majority of Americans, particularly the young, are predisposed to experiment with drugs. It may become increasingly futile to try to identify high risk individuals before dependency sets in, since there are more and more high risk individuals. More salient to an alternatives outlook is expanded research on reasons why drugs are *not used* or discontinued. (E.g., why do most young ghetto dwellers *not* become heroin addicts?) This could lead to rational assessment of priorities when developing alternatives programs for different groups and locales.

Considering the actual evaluation of structured alternatives programs, Emrich (1971) gives a basic paradigm:

"The evaluation essentially must take place on two levels, the community level and the individual level. . . . On the basis of theory, one can rather specifically define the qualities that would make up an effective alternatives program, on many of the dimensions of that program. One can also describe the impact that such a program would have on the personality of the participants, in contrast to the development that would occur had they continued in a drug-taking mode.

The basic hypothesis to be tested by the evaluation is that a successful alternatives program — that is, one that fulfilled most closely the a priori definition of an effective program — would be accompanied by the most perceptible drop in drug abuse and the most significant impact on the target social problems. Another hypothesis is that a successful program would produce most noticeably, and in the largest number of participants, a more constructive pattern of personal development."

Emrich goes on to give examples of monitoring several communities, their drug problems, social problems and individual case followup. In describing the final data analysis, he offers possible predictions made by an alternatives evaluation team:

"(1) That the communities having the most effective programs would also have the greatest fall-off in the prevalence of drug use;
(2) that the most effective programs would have the greatest social impact on the problems of choice;
(3) that the participants in the most effective programs would have the greatest satisfaction with the programs; and
(4) that the most effective programs would facilitate the most positive personal development on the part of the participants."

As well as encouraging objective outside evaluation, as suggested above, it is important for alternatives programs to build in evaluation systems as part of their own projects, that they monitor their relative effectiveness for their own advantage. It is suggested that they involve the target population in this procedure. Because no alternatives program is an island, planners are encouraged to think about the research possibilities of their programs and extend their evaluation plans into research designs which may generate knowledge about the reasons behind success or failure.

Techniques of Generating and Implementing Alternatives

It is anticpated that more of those concerned with the drug abuse problem will be wanting to turn to alternatives approaches. Given an idea of the theory, some examples of promising programs, warnings about evaluation and assuming interest on the part of the reader, the question arises, "How do I (we) get alternatives approaches started?" Again, techniques for generating alternatives differ according to the identity and motives of the initiators and target populations.

A. Communications

Contacting the Population

One of the major qualities of an alternatives program involves getting its message through to potential participants. There are various ways to reach people where they are, but this should be considered during the planning stages.

Some projects may opt for the person-to-person, word-of-mouth approach, probably the most powerful method, but also the one requiring the greatest expenditure of time and energy per person contacted. Other projects may concentrate on the media. (Remember, though, that followup is a prerequisite.) Some work with a "captive audience," and focus on institutional settings which require attendance (schools, prisons, etc.). Still others contact their people through "diversion," i.e., contacting persons after they have already come to the attention of the system (court and probation referrals, mental health crises, addiction clinics, etc.).

The nature of the contact is also crucial. The opportunity to participate must seem as inviting as possible, whether participation is voluntary or not. (Incidentally, a general rule is that programs are more successful when there is a voluntary component. However, adults, particularly parents, are notorious for their apathy in response to voluntary drug abuse prevention programs, so extra effort must be expended to enlist their active participation.) Effective, credible and attractive communication is immensely desirable for any new alternatives program.

B. Hints for the Intervention Agent

For the concerned individual, small groups, or representatives of agencies of the community, who wish to initiate a more alternative based program in their sphere of activity, some helpful hints might include the following:

(1) Know what you hope to accomplish. Make your values, expectations and goals explicit. Are they reasonable? too ambitious? credible?
(2) Know whom you want to assist. What is the target population? If you cannot appeal to everyone, who are your priorities?
(3) Understand the target population. If the population is using drugs or favorably disposed toward them, why? What satisfactions are being sought? If you don't know, ask. Conduct surveys, interview your subjects in confidential and empathetic surroundings. Find out what is most likely behind the drug use patterns. Your task is to find the most relevant levels of

experience from the population and fit the alternatives emphasis to their needs, not the converse.

(4) Survey current resources. Get comprehensive information on the pre-existing drug programs which are affecting the target group. Discover other alternatives-oriented programs in your area, even if they are not directly connected with the drug problem. Interview non-users and find out what they have gotten interested in.

(5) Involve the target population in planning. Try not to impose an alternatives approach on anyone; use the talents, resources and opinions of the target group as a guide for implementation. Let them become involved; this itself is a potent alternative.

(6) Start asking about new possibilities. Ask every contact about possibly effective programs; read the literature. Use the interests of the planning group and friends.

(7) Get political know-how. Be aware of the political and bureaucratic situation affecting possible programs. Try to enlist the support of important community forces. Cooperate with other groups. Know the roadblocks to implementation of new programs and plan for overcoming them.

(8) Use the drug abuse issue to assist implementation. You may opt for alternative approaches which directly affect the underlying needs for drugs, the conditions which nurture drug abuse. These may be controversial so you may do well to introduce your program as an anti-drug abuse program. Unless your approach has inherent weakness or unacceptability, it is difficult to resist well planned innovation billed as drug abuse intervention.

(9) Don't be afraid of making mistakes. Some alternatives approaches are hit and miss affairs. For various reasons, some may not be successful in the ordinary sense, especially at first. But these can be learning experiences, for the community as well as the planners. Only by feedback, some necessarily negative, do you get to the heart of the situation and know what works.

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